

Pharmacists' Guide to Increasing Equitable Access to COVID-19 Vaccines





University of Iowa Prevention Research Center for Rural Health
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Introduction

Purpose of this Provider Toolkit

As a vaccine provider, you are taking on a major role in the fight against COVID-19. Despite the availability of such a vital tool, some people who are eligible to get the vaccine have not yet been vaccinated including people who have not yet had access to the vaccine or people who lack confidence or fear vaccination. In fact, as of January 10th, 2022, only 59.2% of Iowan residents are fully vaccinated (Iowa Department of Public Health [IDPH], 2021). One of the goals of this toolkit is to give vaccine providers the knowledge and resources needed to address the factors inhibiting vaccine access and confidence.

Toolkit Objectives

1. Understand that COVID-19 vaccines are free of charge to all people living in the US, regardless of immigration or health insurance status.

2. Identify stressors and ongoing access issues around vaccination for immigrant communities.

3. List what documents may be asked of a community member to show, but understand that none of these are required for an individual to receive a vaccine.

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Getting Vaccinated

Who Can Get Vaccinated?

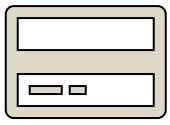
Since all individuals living in the US are eligible for the vaccine, vaccine providers CANNOT require proof of identification or insurance; while this information may be *requested* by vaccine providers, individuals who do not present documentation can still receive a vaccine (NRCRIM, n.d.). Thus, no formal documentation needs to be presented by the individual to receive a vaccine. An information sheet for people seeking vaccines can be found in Appendix A.

Table 1: Documentation Requirements to Administer COVID-19 Vaccinations

Documentation/Identification	Required by the individual for a vaccine	NOT required by the individual for a vaccine
Proof of citizenship (e.g., birth certificate, passport, etc.)		X
Health Insurance Card		X
Social Security Number		X
Driver's license/State ID		X
Proof of identification (e.g. work/school ID, driver's license, etc.)		X
Vaccination card		X

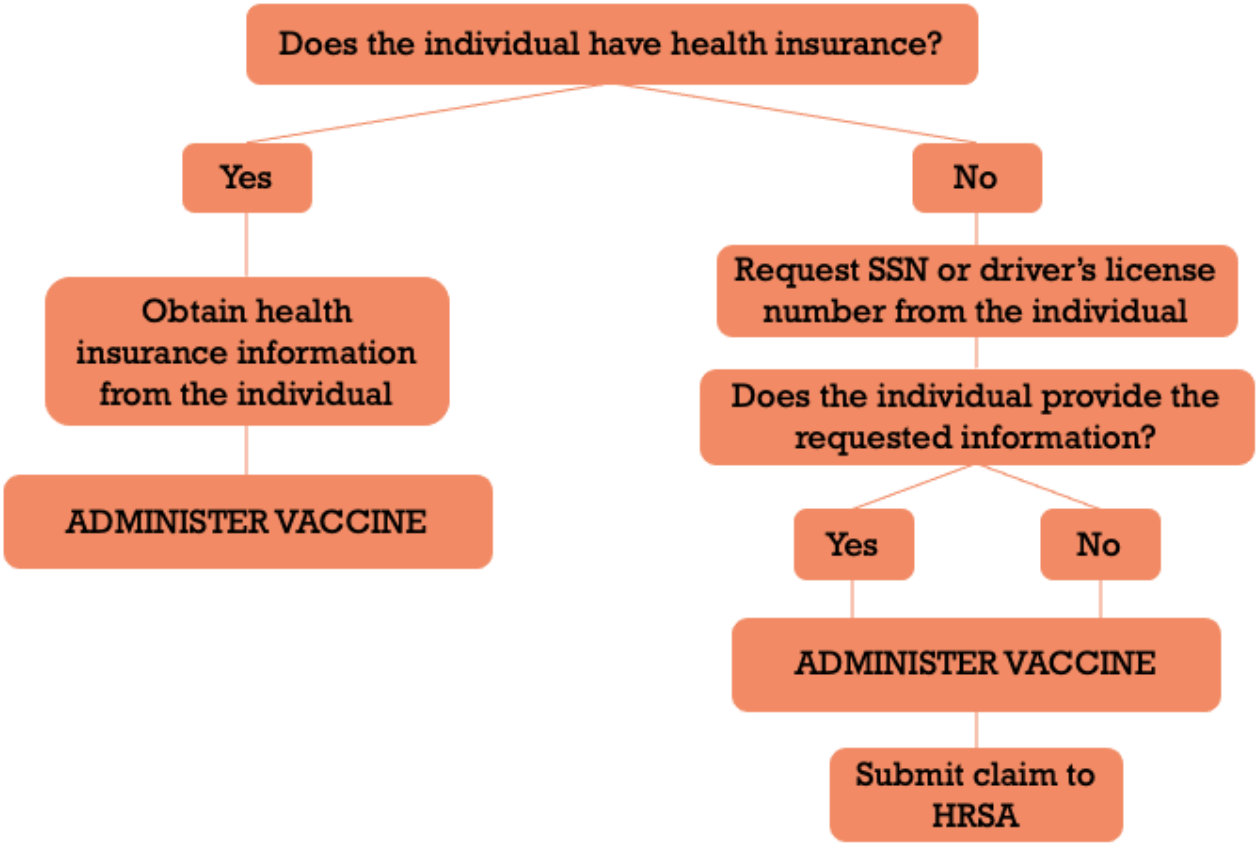
Documentation to Ask About, but are NOT Required for Vaccination

Health Insurance Card



Vaccine providers CANNOT deny a vaccine to individuals without health insurance. However, vaccine providers should make sure to ask individuals if they have health insurance in a manner that is not deterrent to the patient. If an individual has insurance, ask for their insurance card, as the cost of the vaccine will be paid for by the insurance company. If an individual does not have insurance, they are still eligible for the vaccine, and the cost of the vaccine will be covered by the HRSA COVID-19 Uninsured Program (See HRSA COVID-19 Uninsured Program section below). Regardless of insurance status,

the vaccine will always be free for the individual. It is important to let those who do not have insurance know that there is no charge associated with receiving the vaccine, and be reassuring when explaining this. Vaccine providers should communicate to people that the only reason they ask for insurance information is to ensure vaccine providers are properly reimbursed for administering the vaccine (CDC, 2021i).



Proof of Identification

Vaccine providers CANNOT deny a vaccine to individuals for not providing proof of identity. However, vaccine providers can ask for proof of identification to confirm the person's identity for a vaccine appointment. Asking for identification is more useful when verifying prescheduled vaccine appointments rather than walk-in appointments.

Forms of Identification You May Request:

- Birth certificate
- Passport

- Driver's license or government issued ID
- Piece of mail with one's name and address listed
- Consular card (IDs issued by some governments to citizens living in foreign countries)
- Work badge showing one's name

Situations where Administering a Second Vaccination Card may be Needed

In some instances, the name on a person's vaccination card will not match their name on other identification forms, such as a work badge or a driver's license. This might occur for a number of reasons. Examples include:

- The individual is an immigrant or migrant worker with different names on different documents
- The individual is in transition, and has not legally changed their name yet
- The individual is recently married or divorced and needs to update their last name

A difference in names on documents may lead to vaccinated individuals being unable to prove their vaccination status in situations when vaccination is required. In some cases, individuals have been restarting their vaccination series to receive a new vaccination card with their preferred name on it—which is not recommended.

To avoid potential harm to the individual, if requested by a person whose identification documents do not match the name on their vaccination card, vaccine providers should follow these guidelines (Kinnaird, 2021):

1. If they have already completed their vaccination series, administer a second vaccination card with the updated name on it and copying over the vaccine information (i.e., dates and lot numbers). This second card will ensure the individual has the appropriate name displayed if they need proof of vaccination.
2. If they are coming in for their first dose, administer two vaccination cards with one name on each. Make a note of both names in IRIS. For example, if the person's legal name is John Doe, but their working name is Jack Smith, enter the name as "John Doe AKA Jack Smith" in IRIS.
3. If they are coming in for their second dose or booster shot, offer a second vaccination card to them if needed and fill out both vaccination cards with the new vaccine information.
4. Be kind and understanding. This is likely an uncomfortable and stressful conversation for the individual.

Vaccination Card (only relevant for vaccines with more than one dose)

Individuals checking in for second dose vaccine appointments and/or booster shot appointments are NOT required to provide vaccination cards. While it is quicker for vaccine providers to verify the vaccine if the card is presented, vaccine providers

can look up an individual's vaccine information on Iowa's Immunization Registry Information System (IRIS) if the card is not available to them (see section on IRIS below).

Proof of Citizenship:

Under the CDC COVID-19 Task Force Position on Citizenship and Residency, proof of US citizenship is NOT required for individuals to receive a vaccine. Because vaccines are being provided by the federal government, local jurisdictions or vaccination sites CANNOT add US citizenship requirements or require verification of citizenship as a condition for vaccination (CDC, 2021d).

Iowa's Immunization Registry Information System (IRIS)

IRIS is a secure, confidential, computerized system that contains immunization records for individuals throughout the state of Iowa. IRIS is a statewide database that makes accessing an individual's immunization records easier for healthcare providers, especially if the individual moves or changes providers. The IDPH is using IRIS for the allocation, distribution, and documentation of the COVID-19 vaccine (CDC, 2020a). Besides consolidating immunization records, IRIS can be useful for vaccine providers administering two-dose vaccines/boosters to individuals who:

- Are receiving their second dose at a different location than their first dose; or
- Do not provide their vaccination card at their appointment

Vaccine providers must document vaccine administration in IRIS no later than 72 hours after administration. For vaccination sites serving many people, IRIS has an option for "Mass Vaccination Entry." Step-by-step instructions for mass vaccinations can be found here. Sites vaccinating fewer people can update individual records on IRIS. Step-by-step instructions for adding COVID-19 vaccines to an individual's records can be found here.

Immunization records entered in IRIS are used to provide up-to-date vaccination rates for the state of Iowa. IRIS data is used to track and monitor COVID-19 vaccine administration and provides data for the number of doses administered based on a variety of factors including age group, gender, race, ethnicity, etc. As of January 10th, 2022, over 4 million doses have been administered, yet only 59.2% of the total population of Iowa is fully vaccinated (IDPH, 2021).

Health Resources and Services Administrations (HRSA) COVID-19 Uninsured Program

The HRSA Uninsured Program functions under the Department of Health and Human Services (HHS) to provide reimbursement to healthcare providers who administer COVID-19 vaccines to uninsured individuals. This program is crucial in ensuring everyone in the US can receive a COVID-19 vaccine free of charge, regardless of insurance status. For vaccine providers to receive reimbursement for vaccines administered to uninsured individuals, they must first enroll as a provider participant with the HRSA Uninsured Program. Once enrolled as a participant, vaccine providers must request verification that the individual does not have health insurance (see resources in Appendix B for directions), submit individual's information, and submit claims to receive reimbursement via direct deposit (HRSA, 2021).

Participating vaccine providers are required to *request* an individual's information that would verify the individual's insurance status; however, individuals are NOT required to provide this information. Individuals can still get a vaccine if they do not provide this information, and vaccine providers will still be reimbursed if they *request* this information (HRSA, n.d.).

Information needed to verify insurance status:

- Social Security number; or
- Driver's license/state ID number

If an individual does not provide this information, vaccine providers must indicate that they asked for this information when submitting claims (HRSA, n.d.).

As of March 22, 2022 HRSA has stopped accepting claims for reimbursement. However, providers must continue to administer COVID-19 vaccines at no out-of-pocket cost to recipients. For more information, see HRSA COVID-19 Uninsured Program Claims Submission Deadline FAQ on HRSA.gov.

Helpful Tip

Vaccine providers should tell people they do not have to provide insurance information before they ask for the information required by HRSA. Simply explain that you are required to ask for this information, but they are by no means obligated to provide any information.

Requesting Information from Individuals

When requesting this information, it is important for vaccine providers to communicate to people that (HRSA, n.d.):

- This information is for reimbursement purposes only, and will NOT be shared with immigration or law enforcement agencies
- Everyone can receive the COVID-19 vaccine, regardless of immigration or health insurance status, and NO person will be denied a vaccine if they do not provide the requested information
- Vaccines paid for by the federal government will NOT impact a person's current or future immigration status, as the vaccine will NOT count as a public charge

Helpful Tip

Some vaccination sites ask people for their Social Security Number (SSN) for identification purposes. Vaccine providers should request SSNs conscientiously, as simply asking for a SSN can reduce trust among people. When requesting a SSN, communicate with individuals that this information is private, guarded, and will not be shared. For individuals without a SSN, requesting this information may alarm them and might turn them away from wanting a vaccine. In this case, inform the person that they can still receive a vaccine even if they do not have or want to provide a SSN.

Vaccine Administration

CDC Guidelines

The CDC has released interim guidance for healthcare personnel administering the COVID-19 vaccine that ensures safe practices focusing on reducing transmission of COVID-19 in vaccination settings. The guidance can be found here, and will be reassessed and updated as information on the virus evolves.

The CDC has created a Skills Checklist for Vaccine Administration, a self-assessment tool for healthcare staff who administer vaccines (Immunize Action Coalition, n.d.). The Checklist can be found here, and includes step-by-step instructions on vaccine administration. More information on vaccine administration can be found in Appendix B.

Creating a Welcoming Vaccination Site

The environment in which a vaccine is administered is important, as the experience individuals have here could impact their willingness to receive a vaccine in the future. The National Resource Center for Refugees, Immigrants and Migrants (NRC-RIM) released recommendations on how to create a welcoming environment (the complete document can be found here), including (NRC-RIM, 2021):

- Privacy considerations: ask people upon arrival if they would like privacy during their vaccination. Sites should have privacy screens available for those that are not comfortable disrobing or showing certain body parts in public, or those that are concerned about fainting and would like to lie down during the administration of the vaccine.
- Create a barrier-free environment, asking people for only necessary information.
- Ask people at check-in if they need translation or interpretation; have these services readily available.
- Have signs throughout the site indicating areas in English and the top 3 languages identified for your specific community.
- Make sure all signage and website text use high-contrast text and large font (e.g., black text & white background). Test websites and forms for compatibility with screen readers. Click here to test your websites accessibility.
- Make sure there is a path wide enough for someone using a wheelchair (including a power chair, which tend to be larger than manual wheelchairs) to navigate. Administer vaccines in a location that does not require stepping, is clear of barriers, and has room to navigate easily.
- If an individual has a disability, talk to the individual – even if they have a guardian or support person present to help.

Health Equity

Disparities in COVID-19 Vaccination

Health equity means everyone has the opportunity to be as healthy as possible. In the context of COVID-19, the opportunity to be as healthy as possible is advanced via vaccination (CDC, 2021b). In order to promote health equity, it is necessary to identify the groups that are not getting vaccinated and to understand reasons why.

A national study identified Republican-party affiliated residents of small towns and rural areas to be one group that is particularly hesitant toward COVID-19 vaccines. In fact, residents of small towns are just as concerned about getting the vaccine (51%) as they are about actually getting COVID-19 (49%). The study finds potential side effects and the speed of development of the vaccine are the leading concerns Republicans have about the COVID-19 vaccine. Below are some tips for effectively communicating with Republican community members about COVID-19 vaccinations (de Beaumont, 2021):

- Focus on the benefits of getting vaccinated rather than the consequences of not being vaccinated.
- Talk about side effects by comparing the potential risks of getting vaccinated with the proven risks of getting the virus.
- Focus on facts and data; keep politics out of the conversation.
- Acknowledge that getting vaccinated is a personal choice.
- Explain that the vaccine was developed so quickly because scientists were able to cut red tape and bureaucracy.

Remember to utilize trusted messengers, which is particularly important given the politically polarized state of our nation. The best messengers for Republicans are doctors (specifically their own), family, and friends.

Racial and Ethnic Minorities

Racial and ethnic minority populations are disproportionately represented as essential workers, which might be contributing to health disparities with COVID-19. The social vulnerability of being a minority combined with the nature of their work reinforces these COVID-19 disparities. Racial and ethnic minorities experience higher rates of infection, severity of illness, and death, while also facing unequitable access to vaccination. Historical and current experiences of discrimination and racism related to the government and healthcare system contribute to mistrust in the medical system among racial and ethnic minorities can exacerbate this disparity. This mistrust extends to vaccines, vaccine providers, and the institutions that make

recommendations for vaccines (CDC, 2021a). For more information on the topic, see Appendix C on "Historical Trauma and Skepticism around Medicine and Vaccines."

Example Barriers

- Lack of transportation, childcare, and/or ability to take time off work
- Cultural differences and language barriers

Immigrants and Migrant Workers

Immigrant and migrant workers in Iowa primarily work as essential workers and were among the first group eligible for the COVID-19 vaccine (more information on this can be found in Appendix D). As essential workers, ensuring COVID-19 vaccination is beneficial for both employees and their employers. To protect their workforce and business, many large employers have issued vaccine mandates. This has presented challenges with vaccination cards for some immigrant and migrant workers that work under a different name than what is list on their vaccination card. To prove vaccination of these individuals, vaccine providers should issue two vaccination cards—one with the person's work name and one with the person's birth name. For more information on this topic, refer to "Guidance on Issuing Two Vaccination Cards" in the Supplemental Materials section of the Toolkit. Furthermore, this population has experienced an abundance of barriers that make receiving a COVID-19 vaccine difficult. A large barrier to immigrant and migrant populations includes access to the vaccination (including those mentioned above) and misinformation about the vaccine, such as what documentation is needed to receive a vaccine, how identifying information will be used, or the safety of the vaccine in general. Thus, it is extremely important to create a welcoming vaccination site that removes the barriers to vaccination this population commonly experiences.

People with Disabilities

Approximately 23% of Iowa's population has a visible or invisible disability, with racial and ethnic minorities and immigrants and refugees disproportionately represented among this population (CDC, 2021f).

People with disabilities are at greater risk of getting infected with COVID-19 and experience more severe illness and poorer health outcomes if infected. Reasons for this include the higher prevalence of chronic illness among people with disabilities, living in congregate settings, and/or systemic inequities (CDC, 2021j). Additionally, a March 2021 study found that the strongest independent risk factor for a COVID-19 diagnosis was having an intellectual disability. While age is the leading risk factor of mortality from COVID-19, intellectual disability is the second leading independent risk factor (Gleason et al., 2021). Because of their increased risk, it is crucial for vaccine providers to consider and address the barriers to vaccination for people with disabilities.

Barriers

- Lack of accessible transportation
- Vaccine websites are not accessible (e.g., not compatible with screen readers) or do not have a place to note accommodations
- Inaccessible vaccination sites
- May lack computer or internet access needed to learn about a vaccine or sign up for a vaccine appointment
- Misunderstanding why a vaccine is needed or unfamiliarity with the process of getting a COVID-19 vaccine
- Guardians may be vaccine hesitant (though many people with disabilities do not have a guardian and make their own medical decisions)

Addressing Concerns for Immigrant & Refugee Community Members

To reduce COVID-19 disparities among racial and ethnic minorities, below are some possible actions to lessen hesitancy and increase vaccine confidence. Clear communication between vaccine providers and individuals is perhaps the easiest way to address some of the common concerns among this population. It is important to make sure to listen to the concerns immigrant and migrant workers have and to respectfully reassure individuals that getting a vaccine will not have implications on their future immigration status and will not lead to deportation.

Table 2: Potential concerns immigrants and migrant workers may have regarding the vaccine & communication strategies to mitigate concerns

Concern	Communication Strategies to Address Concern
Despite the vaccine being free, immigrants fear that the receiving a vaccine paid for by the federal government could be counted as a "public charge" and could impact their current or future immigration status	Clearly communicate that the vaccine is free, with or without health insurance, and that receiving a vaccine will NOT count as a public charge against individuals that would impact their current or future immigration status (see section below on statement from DHS)
Concerns regarding the sharing of personal information: • Fearful that their information will be recorded on government lists or registries that can be accessed by immigration authorities	Clearly relay information on purpose of documentation requested: as a provider, you can request documentation, but individuals are NOT required to provide this information and can still receive a vaccine without documentation

• Fearful that providing one's home address could lead to an immigration raid	
Fearful that vaccine providers that are hostile to immigrants may report them to immigration authorities	Relay the statement from DHS that ICE or Border Protection operations will NOT occur at or near vaccination sites, so these sites are safe from immigration authorities

Statement from Department of Homeland Security (DHS)

The DHS released the following statement:

> "US Immigration and Customs Enforcement (ICE) and US Customs and Border Protection will NOT conduct enforcement operations at or near vaccine distribution sites or clinics."

This statement was released as a pledge to grant equal access to COVID-19 vaccines and vaccination sites to undocumented immigrants. This information is crucial to communicate to people to reassure them that they will NOT be deported for receiving the vaccine. Additionally, the DHS released another statement that:

> "Medical treatments or preventative services for COVID-19, including vaccines, will NOT be considered for public charge purposes" (Department of Homeland Security, 2021).

Communicating this information is equally as important, as there is concern among immigrants that the vaccine would count as a public charge that could prevent them from becoming a permanent resident in the US.

Addressing Concerns of People with Disabilities

Additionally, effective communication can address some of the concerns regarding vaccination for people with disabilities. It is important to remember that people's communication needs vary, and vaccine providers should be prepared to meet these different communication needs. Vaccine providers should ask individuals how they would like to communicate. Take time to fully explain the process and answer questions. Comprehensive considerations can be found here.

Table 3: Common concerns and communication strategies for people with disabilities (Minnesota Department of Health, n.d.)	
Concern	**Communication Strategies to Address the Concerns**
Unsure why the vaccine is necessary	Communicate that the vaccine is our best way to protect people from COVID-19, and that getting vaccinated will help keep them and their loved ones safe. For people with intellectual and developmental disabilities (IDD), keep the language you use short and simple for easier comprehension. If a caregiver is present, include them in the conversation, but speak directly to the individual (CDC, n.d.d).
Unfamiliarity with the vaccine process	Vaccine providers should explain the vaccine process step-by-step. Vaccine providers should (Minnesota Department of Health, n.d.): • Verbally explain these steps • Have the steps written out in plain and easy to understand language • Use Social Stories (more information on these can be found in the Supplemental Materials) to provide a visual understanding of the vaccine process. Click here to access a Social Story created by the CDC.

Addressing COVID-19 Vaccine Barriers

Increasing accessibility of the vaccines is key in promoting health equity. Resources to overcome some of these barriers can help improve access to vaccination among members in your community. Connecting with existing programs in your community to help people overcome these barriers is important. Talk to your local community leaders to find out what resources may exist in your community that your organization can partner with to help more people get vaccinated.

It should be noted that the effectiveness of clear communication is dependent on the ability to meet the language needs of the individual. For non-English speaking individuals, vaccination sites should have translators/interpreters (including American Sign Language interpretation, as well as screen reader compatible electronic and braille versions of documents) available. However, language access needs to be expanded beyond the vaccination site to include the entire vaccination

process (registration, informational materials, websites, etc.). Additional resources on ways to address language barriers can be found in the Supplemental Materials.

Table 4: Barriers & problem-solving strategies for increasing vaccine accessibility	
Barrier	**Strategies to Overcome Barrier**
Language and literacy challenges	Interpreters available, translated informational materials and websites; material uses plain language that is easy to read without jargon
Lack of transportation	Operating a mobile vaccine clinic for those with limited mobility or transportation barriers. More information on mobile clinics can be found here
Potential costs: transportation costs, cost of childcare, wages lost for time off work (for the time to get the vaccine and if they experience side effects to the vaccine), healthcare costs if treatment is needed for vaccine side effects or adverse reactions	Setting up vaccination sites at frequented locations in the community, such as large job sites, churches, community centers, etc. Check to make sure these are accessible to people with disabilities (e.g. do not require stairs, have wide hallways, etc.) Extend vaccination site hours beyond core daytime hours to accommodate the needs of essential workers in the community
Limited ability to register for vaccines	Simplify vaccine registration procedures by offering in-person registration or walk-in appointments. Ensure registration is accessible to those with limited English proficiency or limited literacy Make sure websites with information about the vaccines is accessible
Inaccessible vaccination sites	Address accessibility concerns or choose an accessible site. Some common things to check: • Accessible parking spaces are available • Main entrance is flat or has ramp • Path to vaccination site is wide enough to easily navigate with a power wheelchair and clear of barriers • Check in area allows staff person to see someone that may be seated in a wheelchair (e.g. does not have a high counter)

Outreach to Socially Vulnerable Populations

Social vulnerability refers to social and structural factors associated with adverse health outcomes (CDC, n.d.a). These factors can include poverty, lack of access to transportation, lower levels of educational attainment, crowded housing, etc. More information on Social Vulnerability and the Social Vulnerability Index (SVI) can be found here.

A CDC study released in May of 2021 found that vaccination coverage among adults was lower in counties with lower socioeconomic status and higher percentages of single parents, households with children, and individuals with disabilities. Despite expanding eligibility of the vaccine, socially vulnerable populations experienced lower rates of vaccine uptake, particularly in rural and suburban counties. Additionally, vaccination coverage was lower in counties with higher percentages of mobile homes. The counties experiencing lower rates of vaccination coverage are characterized by being higher on the SVI (CDC, 2021e).

To combat vaccine disparities in counties with higher SVI, outreach efforts should be focused on addressing the needs of the community. Vaccine hesitancy was found to be greater among adults with less education and income, as well as those without health insurance.

It is important to note that there are many intersections of social vulnerability that people with disabilities may experience. People with disabilities are more likely to be of low socioeconomic status, live in substandard housing, lack a vehicle and be a racial or ethnic minority. Thus, vaccine providers should take a multi-faceted approach to addressing the barriers experienced by people with disabilities (IDPH, 2017). The outreach efforts proposed below should be considered in combination with efforts to promote accessibility and meet the needs of people with disabilities.

The chart below provides different ways to meet the needs of the community based on factors contributing to social vulnerability:

Table 5: Ways to meet the needs of the community based on its social vulnerability	
Social Vulnerability Factor	**Outreach Effort to Address Factor**
Lower socioeconomic status (SES) • Below Poverty • Unemployed • Income • No high school diploma	Work with trusted community members who can disseminate messages on the safety and importance of the vaccine, the availability of the vaccine, and that the vaccine is free regardless of insurance status. For individuals struggling financially, they are likely concerned about missing work and the lost wages. Set up vaccine clinics with flexible hours to accommodate workers outside of the standard 9-5.
Disability	Offer vaccine appointments that make home-visits, so the individual can receive a vaccine without leaving their home. This removes potential barriers of inaccessible sites, or the need to set up transportation for the individual. Home-visits are essential in vaccinating home-bound individuals. Also, work to make sure all clinics, whether targeting people with disabilities or not, are accessible. Making clinics easier for people with disabilities to access will also make it easier for the general population to receive vaccines.
Single-parent household	Set up a vaccination clinic near schools or childcare facilities. Communicate clinic hours to parents through established school channels. This allows single parents to get vaccinated without having to bring their child into the clinic and offers the opportunity to vaccinate children along with parents.
Minority status and language	See "Table 4: Barriers & problem-solving strategies for increasing vaccine accessibility" above.
Housing type (e.g. multi-unit structures, mobile homes, crowding, group homes)	Set up pop-up clinics in apartment buildings, mobile home communities or homeless shelters.
No vehicle	Utilize mobile vaccine clinics to bring the vaccine to frequented sites in the community near public transit stops, or within walking distance of neighborhoods.

Children and Adolescents

CDC Guidelines

Guidelines on vaccines approved for children and adolescents are evolving at this time. For up-to-date information, check the CDC website by clicking here. Vaccinating children and adolescents is a necessary action to fight the pandemic. Consider vaccination efforts that focus on the whole family. Although COVID-19 has been less severe in children and adolescents compared to adults, they can still (CDC, 2021h):

- Be infected with COVID-19
- Get sick from COVID-19
- Spread COVID-19 to others

Some children and adolescents get very sick and have complications or long-lasting symptoms that affect their overall health and well-being. COVID-19 vaccines have been found to help prevent children and adolescents from getting seriously ill if they are infected with COVID-19.

Supplemental Materials

CDC Resources

CDC Communication Resources for COVID-19 Vaccines

The CDC has a site for communication resources specific to the COVID-19 vaccines that are available in multiple languages and include resources in an "easy-to-read" format (3rd grade reading level) for those with limited literacy. Also, of use are "audience specific" toolkits for healthcare teams and community administrators. To access these resources, click here.

CDC Materials for People with Intellectual and Developmental Disabilities

The CDC also has resources for people with intellectual and developmental disabilities, including Social Stories on various aspects of the COVID-19 pandemic, of specific note is a Social Story centered around receiving a COVID-19 vaccine. These Social Stories are useful for people with intellectual and developmental disabilities to gain a better understanding as to what will happen when they get a vaccine, which can ease anxiety. These resources can be accessed by clicking here (CDC, 2021g).

Building Vaccine Confidence Among Healthcare Personnel

The CDC has released a document on ways to promote vaccine confidence among healthcare personnel. This information is important because vaccinated healthcare personnel with strong confidence in the vaccine can be very influential within their families and communities, which ultimately can lead to more people getting vaccinated. The document lists 6 steps to make vaccine confidence visible in healthcare facilities, to build vaccine confidence (CDC, n.d.c). The entire document can be found here; the 6 steps are:

1. Encourage senior leaders to be vaccine champions
2. Host discussions where personnel can provide input and ask questions
3. Share key messages with staff through emails, breakroom posters, and other channels
4. Educate healthcare teams about COVID-19 vaccines, how they are developed and monitored for safety, and how teams can talk to others about the vaccines
5. Educate non-medical staff about the importance of getting vaccinated
6. Make the decision to get vaccinated are visible and celebrate it!

V-Safe

V-safe is a smartphone-based tool initiated by the CDC that provides vaccine recipients with a platform to tell the CDC of any side effects they experience after getting the COVID-19 vaccine. For individuals receiving two-dose vaccines, V-safe can send reminders about second dose appointments. For more information on V-safe, click here. The CDC also provides flyers and posters for vaccination sites with information on V-safe that is available for free download in multiple languages. Those flyers can be found here (CDC, 2021l).

Additional Resources

Addressing Legal Concerns Around Immigration-Related Vaccine Hesitancy

The National Resource Center for Refugees, Immigrants and Migrants have released a document of ways to promote vaccine confidence among refugees, immigrants, and migrants by addressing misinformation and fears/concerns surrounding the vaccine. The document can be found here.

Translating Materials

Google translate is NOT an adequate resource to create materials in multiple languages. Language barriers have been found to be a major component hindering vaccine confidence. The National Resource Center for Refugees, Immigrants, and Migrants offers a guide and toolkit related to creating effective translations to bridge the language gap. Click here to access the Guide: Creating Effective Translations, and here to access the Toolkit for Written Translation.

Disability Resource Center: Captioning Services and Resources

The University of Central Arkansas Disability Resource Center has a webpage for captioning services and resources. Captions should be used with videos to promote accessibility for those who are deaf or hard of hearing and can be useful for individuals who are not fluent in the language. YouTube's automatic captioning service is not always correct and can cause misunderstandings for the viewer. The Disability Resource Center site provides information on how to add, upload, edit and remove captions, and can be accessed here.

Advancing Children's Health: Promoting COVID-19 Vaccination and Mitigation Measures

The Vaccine Equity Cooperative released a resource focused on the equitable distribution of COVID-19 vaccines following the approval of the vaccine for children ages 5-11. This resource provides recommendations for a successful vaccination

strategy and suggests some potential partnerships for vaccine providers. The resource can be accessed here.

Refugee Alliance of Central Iowa

The Refugee Alliance of Central Iowa is an excellent resource for meeting various language needs. Informational COVID-19 handouts are available in multiple languages. Individuals can utilize the Iowa COVID-19 ELL Help Line which serves to connect callers with information, healthcare providers, and other resources and is available in multiple languages. The site includes videos in multiple languages that serve to promote vaccine confidence. Additionally, the site provides other community resources that could help address some of the barriers that individuals are experiencing such as childcare, economic information, employment, education, financial assistance, food, health, legal and transportation resources. Click here to access the site.

National Resource Center for Refugees, Immigrants and Migrants (NRC-RIM)

The NRC-RIM is funded through the CDC and exists to support health departments and community organizations working with refugee, immigrant and migrant communities disproportionately affected by COVID-19. The NRC-RIM has translated vaccine campaigns available for download and exist in over 30 languages, as well as resources for communities to create their own local campaign. The site has numerous other resources, including resources to increase vaccine accessibility, multilingual COVID-19 vaccine educational workshops, additional information on vaccine education, etc. Click here to access the site.

Guidance on Issuing Two Vaccination Cards

The name on a person's vaccination card might not always match the name on other forms of identification, which can make it difficult for the person to prove they are vaccinated. The Migrant Clinicians Network and the NRC-RIM are in consensus on how to approach this issue. The Migrant Clinicians Network published an article providing context to the problem and their recommended solution, and can be accessed by clicking here. This article is also available in Spanish. The NRC-RIM provides their recommendations on the topic in the FAQ section of the Conversation Guide for Employer Vaccine Requirements and can be accessed here.

Iowa Department of Human Rights

The Iowa Department of Human Rights provides COVID-19 informational resources in multiple languages, including sign language. There are resources for those that are deaf or hard-of-hearing. Click here to access the site.

Appendix A

Information for People Seeking Vaccines

Vaccine Cost

Individuals CANNOT be charged for a vaccine dose, nor can they be charged for an out-of-pocket cost related to the vaccine. Whether or not you have insurance, the vaccine is 100% free.

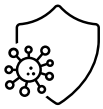
At your Vaccine Appointment

Up-to-date information on getting a COVID-19 vaccine can be found on the CDC website, or by clicking here. The site talks about how to get a vaccine, and what to expect after getting a vaccine. The steps for getting a vaccine are (CDC, 2021m):

- Before going to the vaccination site, review your appointment confirmation
- When inside the site, you and the provider giving you the vaccine need to be wearing masks that cover nose and mouth, and you should stay 6 feet away from others.
- You should receive a paper or electronic version of a fact sheet, specific to the brand of vaccine you are getting. This sheet will tell you more about the risks and benefits of the specific vaccine
- After getting the vaccine, you should be watched by a healthcare provider for at least 15 minutes to make sure you do not have an allergic reaction to the vaccine
- Ask your vaccine provider about using V-safe
- You should receive a vaccine card saying which vaccine you got, and where you went to get it

After Getting Vaccinated

There are common side effects that many people have after getting a COVID-19 vaccine. Side effects are normal, and indicate your body is building protection. These side effects should go away within a few days. These include (CDC, 2021k):



- Pain, redness or swelling on arm
- Tiredness
- Headache
- Muscle pain
- Chills
- Fever
- Nausea

Appendix B

Vaccine Administration Resources

The CDC has released interim guidance for healthcare personnel administering the COVID-19 vaccine that ensures safe practices that focus on reducing transmission of COVID-19 in vaccination settings. The guidance can be found here, and will be reassessed and updated as information on the virus evolves. To ensure safe administration at vaccine appointments, vaccine providers should (CDC, 2021c):

- Screen individuals for symptoms of COVID-19 prior to and upon arrival at vaccination sites
- Require face masks or coverings
- Implement social distancing of 6 feet and reduce crowding in waiting areas by asking people to remain outside until they are called inside
- If gloves are worn during vaccine administration, they should be changed, and hand hygiene should be performed between each person

CDC Checklist Information

The CDC has created a Skills Checklist for Vaccine Administration, a self-assessment tool for healthcare staff who administer vaccines. The Checklist can be found here, and includes step-by-step instructions on vaccine administration. Key administrative responsibilities from the Checklist include (Immunize Action Coalition, n.d.):

- Fully document each vaccination in the individual's chart: date, lot number, manufacturer, site, VIS date, provider name/initials
- Update immunization history on IRIS (see section above for instructions)
- If applicable, update vaccination card for the individual and remind them to bring it to their second visit

Vaccine providers should give individuals a paper or electronic version of a fact sheet that contains information about the specific COVID-19 vaccine they are receiving. Once the vaccine is administered, individuals should be monitored for 15 minutes to ensure no adverse or allergic reaction occurs.

Second Dose

When a person checks in for their second dose, ask for their vaccination card to verify which vaccine they need. If the person does not have their vaccination card with them (they are NOT required to bring the card to the appointment), their information can be looked up in IRIS. People are NOT required to receive both doses of the vaccine at the same vaccination site. If a person shows up for their second dose but did not receive their first dose at your site, verify their information using their vaccination card or by checking their immunization records in IRIS.

Administration protocol for the second dose is the same as the first dose, follow the above information on vaccine administration to ensure safe administration. The Skills Checklist can be applied for the second dose. After administration of the vaccine, update the individual's vaccination card and immunization history on IRIS. Monitor the individual for 15 minutes after vaccination.

Boosters

A COVID-19 booster shot is an additional dose of a COVID-19 vaccine that is administered when the protective effects of the original dose(s) starts to decrease. Thus, the booster serves to extend a person's level of immunity for a longer period of time, and keeps them protected from COVID-19. The period of time after receiving the original dose(s) that one needs a booster varies depending on the brand of the original dose(s). Up-to-date guidelines on the booster shot can be found by accessing the CDC website, or by clicking here. Further information about staying up to date on your COVID-19 vaccines can be found here.

Logistics of the vaccine administration is the same as the original dose(s). When a person arrives for their booster shot, ask them if they have their vaccination card, so it can be updated. Remember, a person does NOT need to bring their vaccination card to their vaccine appointment. The side effects a person might experience after receiving a booster shot are the same as those for the original dose(s), which can be found in Appendix A, and should go away within a few days.

HRSA COVID-19 Uninsured Program

HRSA has a website for vaccine providers to access if they need guidance using the HRSA COVID-19 Uninsured Program. The website can be accessed by clicking here. An outline of the steps involved are as follows:

- Sign in or sign up for a One Healthcare ID account
- Validate Taxpayer Identification Number (TIN)
- Set up Optum Pay
- Add Provider Roster
- Add and Attest to Patient Roster
- Submit Claims for Reimbursement

In-depth instructions for the steps involved can be found on the website, or in a User Guide which can be accessed by clicking here. When vaccine providers are entering the individual's information in the "Add and Attest to Patient Roster" step, some of the individual's information requested for the roster will not be available to you (such a Social Security Number/Driver's license number, or address). While this information is used to verify an individual's eligibility, if an individual does not provide this information (they are not required to) the provider will need to attest that they asked for this information and it was not made available to them.

Appendix C

Historical Trauma and Skepticism: Medicine and Vaccines

USPHS Syphilis Study at Tuskegee

The Tuskegee Syphilis Study was operated by the US Public Health Service (USPHS) began in 1932 at the Tuskegee Institute in Macon, Alabama. The purpose of the study was to track the progression of untreated syphilis. The participants of the study were 600 African American men, 399 of which had syphilis while the other 201 did not. Participants were told by researchers they were being treated for "bad blood", and were provided with free medical exams, free meals, and burial insurance for participating in the study. In 1943, penicillin, a drug that treats syphilis, became widely available, yet participants in the study were NOT offered this treatment. As a result, 28 men died, others became blind or developed mental illnesses, and 100 more men died from other severe health problems due to untreated syphilis. Additionally, 40 spouses of participants contracted syphilis, and 19 children became infected during birth from infected mothers. The unethical treatment of the men in the study fostered a deep mistrust of public health officials, vaccines, and the US government by some African American community members (Nix, 2017).

Guatemalan Syphilis Study

From 1946 to 1948, nearly 700 men and women in Guatemala were intentionally infected with syphilis without their knowledge or consent (Nix, 2017). Those infected were prisoners, soldiers, and/or mental patients (Nix, 2017). The study was conducted by the US government with cooperation from the Guatemalan government, with the purpose of determining if penicillin was able to prevent syphilis (Nix, 2017). Many of those who were infected in the study never received medical treatment (Nix, 2017).

Sims' Experimentation on Enslaved Women

James Marion Sims, known as the "father of modern gynecology" landed his title by practicing surgical techniques on enslaved women without anesthesia. His unethical experimentation on African American women allowed him to "perfect" his method, which he then performed on White women using anesthesia. His decision not to use anesthesia was rooted in his belief that Black people did not experience pain like White people did (Holland, 2017). This misguided belief has contributed to the current trend seen among healthcare providers in which the reported pain/symptoms of Black people are discounted much more often than white people (National Public Radio, 2020).

Mississippi Appendectomies

The phenomenon of "Mississippi Appendectomy" refers to the involuntary sterilization of poor, Black women in the 1920s-1980s who were deemed "unfit" to reproduce. Teaching hospitals performed unnecessary hysterectomies on poor Black women as practice for medical residents (Tafesse, 2019). Forced or coerced sterilization also extended to immigrants, unmarried mothers, people with disabilities, and those with mental illness as a means of controlling "undesirable" populations. 32 states performed federally funded sterilization programs. These events have contributed to mistrust, specifically among Black women which contributes to vaccine hesitancy (Ko, 2020).

Recent Sterilizations in California Prisons

Between 1997 and 2013, nearly 1,400 sterilizations occurred in California prisons. Many women were sterilized during labor, and an unknown number of cis women and trans people were sterilized during other abdominal procedures. Many of the women were Black and Latina, and women who were thought to be likely to be incarcerated again were targeted for sterilizations. State funds were used to pay doctors a total of nearly $150,000 to sterilize incarcerated women (Jindia, 2020).

Appendix D

Racial and Ethnic Minority Data

While local, state, and national efforts have made great strides in reducing racial and ethnic disparities in COVID-19 vaccinations, more work is needed to ensure equity in vaccine uptake, particularly as vaccine and/or booster eligibility expands to younger children.

These experience disparities in COVID-19 infections, severity of illness, and death. Likely one reason for the higher rates of infection is that these populations are more likely to be essential workers, who are at an inherently higher risk of being exposed to COVID-19 due to the nature of their work (CDC, 2020b).

Structural racism and long-standing systemic inequalities in the US are leading contributors in COVID-19 disparities. However, to avoid basing explanations for health disparities on racial and ethnic stereotypes, COVID-19 disparities, instead, should be examined in the context of resource deprivation. The deprivation of resources being the result of historical and ongoing discrimination. More analysis on racial and ethnic health disparities in COVID-19 can be found here.

Immigrants and Migrant Workers

Six percent of the Iowa population are immigrants, and 5% of the state population are native-born US citizens with at least one immigrant parent. Of the immigrant population, 31% are undocumented immigrants, making up 2% of the state population. 7% of the Iowa workforce is made up of immigrant workers, most of which work as essential workers (American Immigration Council, 2020). Thus, immigrants accounted for a significant portion of the essential workers who were first prioritized to get the COVID-19 vaccine. However, many did not know they were eligible for the vaccine; much of this can be attributed to the restrictions on healthcare coverage programs and/or restrictions on eligibility for federal COVID-19 relief due to their immigration status (Artiga et al., 2021).

People with Disabilities

The barriers a person with a disability faces can depend on the type of disability they have, such as movement, vision, hearing, thinking, learning, etc. To learn more about different disabilities, check out this resource from the CDC. Approximately 23% of Iowa's population has a disability and this population is also more likely to have a lower SES and be a racial and ethnic minority or a migrant. People with disabilities often rely on support staff that may not be able to social distance and

may have underlaying health conditions that put them at greater risk of getting COVID-19 and experiencing severe illness (CDC, 2021f). They also may face discrimination if crisis care standards reinforce stereotypes that people with disabilities have a lower quality of life than those without disabilities or that they are less likely to survive.

The disparities in health outcomes and access to health services is exasperated by a shortage of Direct Support Professionals (DSP). DSPs are caregivers for people with disabilities that require functional assistance in their everyday lives (The Arc, 2021). The aid of a DSP can allow a person with a disability to live at home, rather than live in a care facility. The shortage of DSPs limits a person with a disability's opportunity to care for themselves, and certainly can prevent them from accessing health services, such as the COVID-19 vaccine (Roach, 2020).

There are plenty of resources available for meeting the needs of people with disabilities during the COVID-19 pandemic. The Minnesota Department of Health has several resources, including "Best Practices for COVID-19 Testing and Vaccination Sites: Disability-related Accessibility". Site staff should be respectful and be trained in disability etiquette. The Minnesota Department of Health has a resource on the basics of this training, which can be accessed here.

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